

Please Print this Form, Fill out all of the Information, and mail it to: Christian Retreat Center
369 CRC Drive
East Waterford PA 17021

Pioneer Camp Registration

Please circle the appropriate camp: June 17-22 Teen Camp (ages 14-18) June 24-29 8-9 year olds
Cost: \$194.00

July 1-6 10-11 year olds July 8-13 12-13 year olds

A non-refundable deposit of \$40 is due with your registration (**Deadline is May 18, 2012**).
The balance is due two weeks before camp.

Camper's Name _____ Male _____ Female _____ Birth date ____________ Age _____
Parent's) Name(s) _____ Email _____
Home # (____) _____ - _____ Work # (____) _____ - _____
Address _____ City _____ State _____ Zip _____
Alternate Contact Name _____ Alternate Contact # (____) _____ - _____
Name of Church _____ Church Official's Signature _____
Amount Church is Paying \$ _____ Church Phone # (____) _____ - _____
Cabin Mates (two only) 1. _____ 2. _____

If you recruited new campers: Your recruits 1. Name _____ Week _____
2. Name _____ Week _____
3. Name _____ Week _____

If you were recruited by another camper, please list their name and the week they are attending:

Name _____ Dates and Name of Camp _____

Medical Information

Family Physician _____ Phone (____) _____ - _____
Year of last tetanus shot _____ Allergies _____
Medications _____ Physical Disorders _____
Dietary Needs _____ Activity Restrictions _____

The undersigned does hereby release, discharge, indemnify, and hold harmless Pioneer Camp and The Allegheny and Susquehanna Conferences of the Brethren in Christ Church and all of their parent and affiliated organizations and all of their officers, agents, contractors, directors, members, participants and employees from all claims, demands, actions, judgments, and/or liabilities of whatsoever kind of nature, including any costs, attorneys' fees, losses or expenses in connection therewith, in any way relative to, arising out of, or by reason of, my participation in, and attendance at, Pioneer Camp and/or related facilities, including all claims or demands for death or injury to me, or any damage to, or destruction of any of my property arising out of any accident or occurrence with, said attendance, participation and/or presence, whether negligent or otherwise.

This waiver, Release and Indemnification is given in consideration of, and as a condition to, permitting the undersigned to participate in Pioneer Camp. THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND FULLY UNDERSTANDS ALL OF THE FOREGOING.

The terms and provisions of this waiver, release and indemnification shall be binding upon the heirs, executors, administrators of the undersigned, and use of this waiver, release, and indemnification in the absence of the signature below, shall constitute acceptance of the terms and conditions herein. The UNDERSIGNED expressly acknowledges and agrees that the activities of this program involve the potential risk of injury and/or death and/or property damage. The UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Pennsylvania and that if any portion hereof is held invalid, it is agreed upon that the balance shall, notwithstanding, continue in legal full force and effect.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Relationship to camper _____ Date _____

Camper signature if 13 years or older _____ Date _____

ALL INFORMATION MUST BE COMPLETED OR WE WILL NOT PROCESS REGISTRATION.